

Roush Insurance Services, Inc.

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Water Park Liability Application

Applicant's Name: _____
 Mailing Address: _____

 Location: _____

 Web site Address: _____

Agency Name: _____
 Agent: _____
 Address: _____

 E-Mail: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

APPLICANT PREMISES OPERATIONS INFORMATION

1. **Named Insured as it is to appear on policy:** _____
2. **Doing business as:** _____
3. **Web site address:** _____
4. **Applicant is:** Individual Corporation Joint Venture Municipality
 Other (Specify): _____

Commercial General Liability: <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	General Aggregate	\$
	Products & Completed Operations Aggregate	\$
Deductibles <input type="checkbox"/> Bodily Injury/Property Damage \$	Personal & Advertising Injury	\$
	Each Occurrence	\$
	Fire Damage (any one fire)	\$
	Other coverages, Restrictions, and/or Endorsements	\$

5. **Location of water park (if different):** _____
City: _____ **State:** _____ **Zip:** _____
Phone number: _____

6. **Contact person:** _____ **Title:** _____
Contact person is: Owner General Manager Other: _____
Daytime phone number: _____ **Nighttime phone number:** _____
Fax number: _____ **E-mail address:** _____
7. **Projected opening and closing dates of water park: From:** _____ **To:** _____
8. **Years in business:** _____ **Under present ownership:** Yes No
At current location? Yes No
9. **How many years of management experience?** _____
10. **Detailed description of business:** _____

11. **Describe all activities for which coverage is being requested:** _____

12. **Total number of acres of park:** _____ **Acres of parking:** _____
13. **Is this an indoor or outdoor park?** _____
Is facility ADA compliant (Americans with Disabilities Act of 1990)? Yes No
14. **Are any operations performed by independent contractors?** Yes No
If yes, provide details: _____

- Are Certificates of Insurance obtained?** Yes No
15. **Do these exposures exist on your premises:**
 Amusement Rides—Describe: _____
 Arcade Camping Fireworks Liquor Sales (Attach Liquor Application—\$ _____)
 Restaurant (Attach Supplemental Restaurant Application—\$ _____)
 Other—Describe: _____
16. **Is each water attraction attended by at least one lifeguard at all times?** Yes No
17. **Are lifeguards Red Cross certified?** Yes No
18. **Do lifeguards have weekly or daily meetings?** Yes No
19. **Are lifeguards rotated on a regular schedule throughout the day?** Yes No
20. **Are supervised safety exercise drills held periodically?** Yes No
If yes, is a record log maintained? Yes No
21. **Are swimming lessons available?** Yes No
If yes, is a hold harmless agreement obtained? Yes No
22. **What is the minimum number and type of medical personnel:**
 Paramedic _____ EMT/EMS _____ Nurses _____
 Other—Describe: _____
23. **Describe procedure in case of accident:** _____

24. **Are chemicals stored in a locked area?** Yes No
Who has access? _____

25. Is there a back-up emergency electrical power source for lights and communications? Yes No

26. Are signs posted to identify assumption of risks for rides? Yes No

27. Cost of Admission: Adult \$ _____ Child \$ _____

Total annual attendance: _____

28. Gross Receipts

Previous Year Gross Receipts		Upcoming Year Estimates	
Admissions	\$	Admissions	\$
Arcade Games	\$	Arcade Games	\$
Beer/Liquor	\$	Beer/Liquor	\$
Food/Beverage	\$	Food/Beverage	\$
Novelty/Merchandise	\$	Novelty/Merchandise	\$
Other (describe):	\$	Other (describe):	\$
Total Gross Receipts	\$	Total Gross Receipts	\$

29. List additional interests and certificate recipients:

Name and Address	Interest

30. Slides

Type—Name of Slide	Age	No. of Flumes	Open/ Enclosed	Vertical drop to water (No. of feet)	Built on Hill? (Yes/No)	Built of Stilts? (Yes/No)	No. of Attendants	
							Top	Bottom

Is anything used to assist the participants in going down the slide? Yes No

If yes, identify the slide and what is used: _____

Is head first sliding allowed? Yes No

31. List number of diving boards and their height: _____

32. Other Attractions—List all other water attractions: lakes, kiddie pools, swimming pools, wave pools, along with non-water attractions: play areas, picnic areas, etc.

Description	Number	Depth (when applicable)

33. Previous Insurer and Loss History: Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. See attached loss run
 Has coverage ever been cancelled, declined or non-renewed? Yes No
 If yes, please explain: _____

Year	Company	Premium	Losses Paid	Losses Reserved	Description of All Losses over \$25,000

34. Do you have the following? (If yes, attach copy)
 Chemical and Chlorine-handling procedures? Yes No
 Copies of Daily Inspection Forms and Attendant Training Manuals? Yes No
 If no, describe daily maintenance procedures: _____

Copy of most current independent Inspector Report? Yes No
 Complete list of rides and pools with their serial numbers and manufacturers? Yes No
 Diagram of park? Yes No
 Emergency evacuation plan? Yes No
 Liability Waiver? Yes No
 Park brochure with operating times and dates? Yes No
 Park or slide certification? Yes No
 Operating Plan, Procedure Manual? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.